

**AROGYA SANJEEVANI POLICY, BAJAJ ALLIANZ GENERAL INSURANCE COMPANY**

**CUSTOMER INFORMATION SHEET**

This document provides key information about your policy. You are also advised to go through your policy document

Sl No	Title	Description	Policy Clause Number
1	Name of Insurance Product	<b>AROGYA SANJEEVANI POLICY, BAJAJ ALLIANZ GENERAL INSURANCE COMPANY</b>	
2	Policy Number	Kindly refer to Your Policy schedule	
3	Type of Insurance	Kindly refer to Your Policy schedule	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule	
5	Policy Coverage (What the Policy Covers)	<p><b>Coverages</b></p> <p><b>Hospitalization</b> – Medical Expense incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified will be covered.</p> <p><b>Other Expenses</b> - Expenses incurred on treatment of cataract, Dental treatment, Plastic surgery necessitated due to disease or injury, All Day Care Treatments, Expenses incurred on road ambulance subject to a maximum of Rs. 2000/- per hospitalisation will be covered.</p> <p><b>AYUSH Treatment</b> - Medical Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems of medicines during each Policy Year upto the limit of Sum Insured as specified in the Policy Schedule in any AYUSH Hospital will be covered.</p> <p><b>Cataract Treatment</b> - Medical Expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year will be covered.</p> <p><b>Pre-Hospitalization</b> - Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 30 days prior to the date of admissible Hospitalization will be covered.</p> <p><b>Post-Hospitalisation</b> - Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge will be covered.</p> <p><b>Modern Treatment Methods and Advancement in Technologies</b> – Medical expenses incurred during admissible hospitalization, towards following procedures:</p> <ul style="list-style-type: none"> <li>a) Uterine Artery Embolization and HIFU</li> <li>b) Balloon Sinuplasty</li> <li>c) Deep Brain stimulation</li> <li>d) Oral chemotherapy</li> <li>e) Immunotherapy- Monoclonal Antibody to be given as injection</li> <li>f) Intra vitreal injections</li> <li>g) Robotic surgeries</li> <li>h) Stereotactic radio surgeries</li> <li>i) Bronchical Thermoplasty</li> <li>j) Vaporisation of the prostate (Green laser treatment or holmium lasertreatment)</li> <li>k) IONM -(Intra Operative Neuro Monitoring)</li> </ul> <p>Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered</p>	<p>Section 4.1</p> <p>Section 4.1.1</p> <p>Section 4.2</p> <p>Section 4.3</p> <p>Section 4.4</p> <p>Section 4.5</p> <p>Section 4.6</p>

		<b>Cumulative Bonus (CB)</b> - 5% increase in base sum insured per claim free policy Year max. up to 50% of base Sum Insured	Section 5
<b>6</b>	<b>Exclusions (What the policy does not cover)</b>	<p><b>General Exclusions</b>                      Standard Exclusions</p> <ol style="list-style-type: none"> <li>1. Any hospital admission primarily for investigation diagnostic purpose (Excl04)</li> <li>2. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05)</li> <li>3. Obesity/Weight Control (Excl06)</li> <li>4. Change-of-gender treatments (Excl07)</li> <li>5. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08)</li> <li>6. Hazardous or Adventure sports: ( Excl09)</li> <li>7. Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10)</li> <li>8. Excluded Providers (Excl11)</li> <li>9. Treatment for Alcoholism, drug or substance abuse. (Excl12)</li> <li>10. Treatments received in health spas, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13)</li> <li>11. Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14)</li> <li>12. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15)</li> <li>13. Expenses related to any unproven treatment, services and supplies. (Excl16)</li> <li>14. Expenses related to sterility and infertility. (Excl17)</li> <li>15. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18)</li> <li>16. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.</li> <li>17. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.</li> <li>18. Any expenses incurred on Domiciliary Hospitalization and OPD Treatment.</li> <li>19. Treatment taken outside the geographical limits of India</li> <li>20. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent)</li> </ol>	Section 7
<b>7</b>	<b>Waiting Period</b>	<p><b>Initial Waiting period:</b> 30days for all illnesses</p> <p><b>Specific Waiting period:</b></p> <p><b>24 months Waiting period</b></p> <ol style="list-style-type: none"> <li>1. Benign ENT disorders</li> <li>2. Tonsillectomy</li> <li>3. Adenoidectomy</li> <li>4. Mastoidectomy</li> <li>5. Tympanoplasty</li> <li>6. Hysterectomy</li> <li>7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps</li> <li>8. Benign prostate hypertrophy</li> <li>9. Cataract and age related eye ailments</li> <li>10. Gastric/ Duodenal Ulcer</li> </ol>	Section 6

		<ol style="list-style-type: none"> <li>11. Gout and Rheumatism</li> <li>12. Hernia of all types</li> <li>13. Hydrocele</li> <li>14. Non Infective Arthritis</li> <li>15. Piles, Fissures and Fistula in anus</li> <li>16. Pilonidal sinus, Sinusitis and related disorders</li> <li>17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident</li> <li>18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.</li> <li>19. Varicose Veins and Varicose Ulcers</li> <li>20. Internal Congenital Anomalies</li> </ol> <p><b>36 months waiting period</b></p> <ol style="list-style-type: none"> <li>1. Treatment for joint replacement unless arising from accident</li> <li>2. Age-related Osteoarthritis &amp; Osteoporosis</li> </ol> <p><b>Pre-existing diseases: 36 months</b></p>											
<p><b>8</b></p>	<p><b>Financial Limits of Coverage</b></p> <p>i. Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iii. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p><b>Sub limits</b></p> <table border="1" data-bbox="409 877 1279 1270"> <thead> <tr> <th>Covers</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td>Room Rent Limit**</td> <td>Room - Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/-, per day</td> </tr> <tr> <td></td> <td>ICU - up to 5% of the sum insured subject to maximum of Rs.10,000/-, per day.</td> </tr> <tr> <td>Road Ambulance</td> <td>Max ₹2,000 per hospitalisation</td> </tr> <tr> <td>Cataract Limit (per eye)</td> <td>subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year</td> </tr> </tbody> </table> <p>** Proportionate deduction shall be applicable on all expenses other than cost of Pharmacy/medicines, consumables, implants, medical devices &amp; diagnostics in case of admission to a room at rates exceeding the limit specified as per Sum insured</p> <p><b>Co-Payment - 5% co pay on all claims</b></p> <p><b>Deductible – Not applicable</b></p> <p><b>Other Limits:</b> up to 50% of Sum Insured, specified in the policy schedule, during the Policy Period for the following procedures :</p> <ol style="list-style-type: none"> <li>1. Uterine Artery Embolization and HIFU (High Intensity focused ultrasound)</li> <li>2. Balloon Sinuplasty</li> <li>3. Deep Brain Stimulation</li> <li>4. Oral Chemotherapy</li> <li>5. Immunotherapy – Monoclonal Antibody to be given as injection</li> <li>6. Intra vitreal injections</li> <li>7. Robotic surgeries</li> <li>8. Stereotactic radio surgeries</li> <li>9. Bronchical Thermoplasty</li> <li>10. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)</li> <li>11. IONM – (Intra Operative Neuro Monitoring)</li> </ol>	Covers	Limit	Room Rent Limit**	Room - Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/-, per day		ICU - up to 5% of the sum insured subject to maximum of Rs.10,000/-, per day.	Road Ambulance	Max ₹2,000 per hospitalisation	Cataract Limit (per eye)	subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year	<p>Section 4.1                  Section 4.2                  Section 4.3                  Section 4.6                  Section 5</p>
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		12. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.	
9	<b>Claims/claims procedure</b>	<p><b>Cashless Claim process</b>                      Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> <li>You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form</li> <li>We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital.</li> </ul> <p><b>Reimbursement claim process</b></p> <ul style="list-style-type: none"> <li>Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure.</li> <li>You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization</li> <li>You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation</li> </ul> <p>You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation listed out in policy wordings and any additional information We ask, for Our obligation to make payment for it.</p> <p><b>Turnaround time(TAT) for claim settlement:</b></p> <ol style="list-style-type: none"> <li>Turnaround time (TAT) for claim settlement: 15 Working Days</li> <li>TAT for preauthorization of cashless facility: Within 60 Mins</li> <li>TAT for cashless final bill authorization: Within 180 Mins</li> </ol> <p><b>Weblinks</b>                      Network hospital and Black listed hospital list  <a href="https://www.bajajallianz.com/branch-locator.html">https://www.bajajallianz.com/branch-locator.html</a></p> <p><b>Helpline numbers</b>                      Tollfree: 1800-103-2529</p> <p><b>Downloading /getting claim forms</b>  <a href="#">Health Insurance Claim Process   Accident Insurance Claim (bajajallianz.com)</a></p>	Section 9. 1.1, 1.2
10	<b>Policy Servicing</b>	<p>Call centre number(Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link.  <a href="https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf">https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</a></p>	
11	<b>Grievances /Complaints</b>	<p><b>Grievance Redressal Procedure:</b></p> <ol style="list-style-type: none"> <li>Toll-free number 1-800-209- 5858 or 020-30305858, Say “Hi” on WhatsApp on +91 7507245858</li> <li>Branches for resolution of your grievances /complaints, the Branch details can be found on our website: <a href="http://www.bajajallianz.com/branch-locator.html">www.bajajallianz.com/branch-locator.html</a>                      Register your grievances / complaints on our website: <a href="http://www.bajajallianz.com/about-us/customer-service.html">www.bajajallianz.com/about-us/customer-service.html</a></li> <li>E-mail                         <ul style="list-style-type: none"> <li>Level 1: <a href="mailto:bagichelp@bajajallianz.co.in">bagichelp@bajajallianz.co.in</a> and for senior citizens to <a href="mailto:seniorcitizen@bajajallianz.co.in">seniorcitizen@bajajallianz.co.in</a></li> <li>Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at <a href="mailto:ggro@bajajallianz.co.in">ggro@bajajallianz.co.in</a></li> </ul> </li> </ol>	Section 10.11

		<ul style="list-style-type: none"> <li>Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back</li> <li>d) If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at <a href="http://www.cioins.co.in/ombudsman">www.cioins.co.in/ombudsman</a></li> </ul>	
12	<b>Things to remember</b>	<p><b>Free Look Cancellation:</b> Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us , subject to rest terms and conditions.</p> <p><b>Policy Renewal:</b> Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p><b>Migration and Portability:</b> At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link <a href="https://irdai.gov.in/document-detail?documentId=393128">https://irdai.gov.in/document-detail?documentId=393128</a> beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any ,at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability</p> <p><b>Change in Sum Insured:</b> sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p><b>Moratorium period:</b> After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract                  The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section 10
13	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p> <p>Disclosure of other material information during the policy period.</p>	
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

**Declaration by policy holder**

I have read the above and confirm having noted the details

Place  
 Date:

Signature of Policy holder

Note: Web link for downloading the product related documents  
<https://www.bajajallianz.com/health-insurance-plans/health-insurance-documents.html>

**Bajaj Allianz General Insurance Co. Ltd.**

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113  
 For more details, log on to: [www.bajajallianz.com](http://www.bajajallianz.com) | E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) or  
 Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)  
 Issuing Office:



**Benefit Illustration in respect of Policies offered on Individual & Family Floater basis**

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (for zone A)	Sum Insured	Premium (for zone A)	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family (for Zone A)	Floater discount if any	Premium after discount	Sum Insured
45	7,450	300,000	7,450	15%	6,333	300,000	14,315	NA	300,000	
40	6,200	300,000	6,200	15%	5,270	300,000				
21	3,400	300,000	3,400	15%	2,890	300,000				
18	3,400	300,000	3,400	15%	2,890	300,000				
Total Premium (for Zone A) for all members of the family is <b>Rs 20,450</b> when each member is covered separately (no discount applicable).			Total Premium (for Zone A) for all members of the family is <b>Rs 17,383</b> , when they are covered under a single policy. (Family Discount Applicable).				Total premium (for Zone A) when policy is opted on floater basis is <b>Rs 14,315</b> (no discount applicable).			
Sum Insured available for each individual is <b>Rs 300,000</b>			Sum Insured available for each family member is <b>Rs 300,000</b>				Sum Insured of <b>Rs 300,000</b> is available for the entire family			
<p><b>Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.</b></p>										